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1989 FACT FIND Child Sexual Abuse Prevention [s]

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JAN 17 1995

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ACQUISITIONS

PREVENTION PROGRAMS OR CHILD SEXUAL ABUSE: CAUSE FOR CONCERN?

One of every four females, and one of every ten males will experience inappropriate sexual contact before they reach the age of 18, usually by an adult who is well known to them. Our increased awareness of child abuse, along with the increasing need for child care, has led to many, child abuse prevention programs designed to prevent abuse by teaching children to protect themselves.

Prevention programs may differ in terms of their content, style, method of presentation, age of the child to which the program is targeted, and the training and background of the trainer, but most emphasize a common set of concepts. These include:

- * Body ownership - children have a right to control who touches their body and where they are touched;
- * Touching continuum - the difference between touching that is "okay" and "not okay" and the progression from "good" to "confusing" to "bad" touch;
- * Secrets - there are some kinds of secrets that should be shared, and children need to tell a responsible adult if touched inappropriately;
- * Intuition - the importance of trusting and acting on one's own feelings when a touch or action makes a child feel uncomfortable;
- * Assertiveness Skills - ranging from the right to say "no" to an adult who makes the child feel uncomfortable to the use of self-defense techniques and the importance of getting away from an offending person;
- * Support Systems - the existence of support systems to help the child who has been abused.

What About Preschool Children? The child abuse prevention programs described are not targeted at a specific "high risk" child or family, but rather, assume that all children are at equal risk, and therefore in need of self-protection instruction. Because child abuse has taken place in child care settings there is a natural tendency to extend prevention programs to preschool children, and to expect them to be capable of protecting themselves from sexual abuse. However, this is an unrealistic expectation. We know that the limited cognitive, emotional, physical, and social abilities of preschool children are not sophisticated enough to expect the kind of understanding required.

Research evidence indicates that even very young children (i.e., three or four-year olds) can be taught basic safety rules. On the other hand, child development literature suggests that concepts such as "stranger" and "touch continuum" are too complex for preschool children to understand, much less apply to a specific situation. Yet, most prevention programs are built around the abstract concepts of good and bad touch. This distinction is useful for older children, but it is a difficult concept for young children to grasp and retain, and they generally cannot understand the difference unless touch hurts.

This approach fails to take into account that sexual abuse often has its beginnings in "good" touch which progresses to "confusing" touch and finally to "bad" touch. In addition, children are unable to reconcile "bad" touch occurring with "good" people that they love and trust, such as parents, relatives, and caregivers. Even if preschool children could understand these concepts, the children's ability to prevent victimization ultimately rests on what they are able to do in an abuse situation, not just on what they understand.

Do These Programs Minimize A Child's Risk of Maltreatment? There is little evidence that prevention programs that try to teach children to protect themselves change children's attitudes or behaviors or minimize the risk of maltreatment. Based on the belief that knowledge about abuse is necessary for children to protect themselves, many adults believe the only way to really protect children is to frighten them. As a result, children who take part in such programs may become more fearful, mistrustful of adults in general, and more insecure. Or, unrealistic self-confidence may lead to inappropriate risk taking.

There is also concern that the focus on child abuse prevention, along with caregivers' fear of accusations may change the ways caregivers interact with children. The result could be caregivers who are less likely to exhibit natural, safe, appropriate and nurturing affection and touch.

Fact Find Suggests:

Our lack of understanding about the effectiveness of these training programs, and the potential for adverse effects, especially for very young children, calls for restraint in allocating scarce resources.

Based on what we know about how children learn, the following recommendations about program design can be made:

- * Prevention programs must take into account the overall well-being of the children, and their developmental needs and abilities.
- * Program content and method of presentation must not be unduly frightening to children.
- * Programs must be developmentally appropriate, and
- * programs aimed at preschool and kindergarten children must be very specific and concrete, and should include behavioral rehearsals that allow children to learn self-protective behaviors through role-playing, practicing, and discovering what works and what does not.
- * Training of parents and caregivers is also needed to insure both maintenance of training effects and to detect and respond to any longterm adverse effects should they develop.

* Finally, evaluation of the effects of the training must be part of every prevention program. Efforts should also be made to talk with children during training and to follow-up afterwards to determine how much of the content they have learned, what they have retained, and whether any adverse side effects such as increased anxiety have occurred in the children.

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